

**Brownfield Site Assessment Grant Program  
Reimbursement Claim Worksheet**  
Form 4400-222 (5/02)

**Notice:** Information requested on this form is required by the Department for any claim for reimbursement filed pursuant to ch. NR 168, Wis. Adm. Code. The Department will not consider your claim for reimbursement unless you submit complete information. Personally identifiable information requested on this form is not intended to be used for any other purpose.

**Instructions:** Submit one copy of this completed form, the Reimbursement Claim (Form 4400-221), invoices and canceled checks or other acceptable proof of payment for all costs that are a part of this claim to the following address: **BF SAG Manager - RR/3, PO Box 7921, Madison, WI 53707-7921**

|               |        |         |               |       |                            |                         |                         |  |
|---------------|--------|---------|---------------|-------|----------------------------|-------------------------|-------------------------|--|
| Grantee:      |        |         | Grant Number: |       | Total Grant Amount:        |                         | Total Grantee Match:    |  |
| Date of Check | Number |         | Check Amount  | Payee | Description of Expenditure | Amount Applied to Grant | Amount Applied to Match |  |
|               | Check  | Voucher |               |       |                            |                         |                         |  |
|               |        |         |               |       |                            |                         |                         |  |
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|               |        |         |               |       | TOTAL EXPENDITURES:        |                         |                         |  |